

Trumbull 000046

RUN DATE: 5/11/2017
 RUN TIME: 7:12 AM

TRUMBULL COUNTY JUSTICE CENTER
 SHERIFF'S OFFICE (JAIL DIVISION)
 MEDICAL QUESTIONNAIRE



INMATE NAME: WRIGHT, GREGORY L.
 JAIL ID: 16104

POD: FLOOR 3A

BOOKING # 326997
 CELL: 3A104

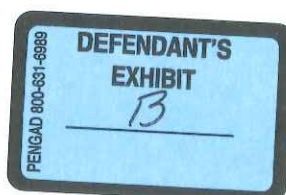
	YES	NO	QUESTION	ANSWER
1.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ANY COMPLAINT OF SORE THROAT OR CONTAGIOUS INFECTION ?	
2.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	IS INMATE ON A SPECIAL DIET PRESCRIBED BY A DOCTOR?	
3.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	IS INMATE CURRENTLY TAKING MEDICATIONS?	XARELTO
4.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	IS INMATE UNDER DOCTOR'S CARE?	DR. DOUGLAS DUNLAP
5.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	HAS HE/SHE BEEN HOSPITALIZED RECENTLY?	2 WEEKS AGO ST JOES, BLOOD CLOTS IN LEGS
6.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	DOES HE/SHE HAVE A HISTORY OF VD OR ABNORMAL DISCHARGE?	
7.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	IS INMATE HIV+?	
8.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	IS INMATE ALLERGIC TO ANY MEDICATIONS OR FOOD	VEGETARIAN
9.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	HAS INMATE FAINTED OR HAD A HEAD INJURY RECENTLY?	
10.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	IS THERE A HISTORY OF TB, HEPATITIS, EPILEPSY, OR DIABETES ?	
11.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	DOES INMATE HAVE A PAINFUL DENTAL CONDITION, FALSE TEETH, ETC. ?	
12.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	IS INMATE PREGNANT ?	
13.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	IS INMATE ON BIRTH CONTROL ?	
14.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	DOES INMATE HAVE ANY PHYSICAL HANDICAPS ?	
15.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DOES INMATE HAVE OTHER MEDICAL CONDITIONS THE JAIL SHOULD KNOW ABOUT ?	BLOOD CLOTS IN BOTH LEGS
16.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	DOES INMATE HAVE ANY OTHER MEDICAL/DENTAL INSURANCE ?	
17.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	DOES INMATE SUFFER FROM SHORTNESS OF BREATH, CHRONIC COUGH, PRODUCTION OF SPUTUM, BLOOD IN SPUTUM, NIGHT SWEATS, CHEST PAIN, WEIGHT LOSS, LOSS OF APPETITE OR WEAKNESS ?	
18.	<input type="checkbox"/>	<input type="checkbox"/>	OFFICER NOTES	

I CERTIFY THAT I HAVE TRUTHFULLY ANSWERED THESE QUESTIONS ABOUT MY HEALTH.

INMATE SIGNATURE: _____ DATE _____ TIME _____

OFFICER SIGNATURE: _____ DATE _____ TIME _____

MEDICAL STAFF: _____ DATE _____ TIME _____



Run Date: 5/11/2017 7:12:31 AM

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EXHIBIT A

Trumbull 000046

Trumbull 000047

**Trumbull County Adult Justice Center
Medical Pre-Screening Form**

Date: 05/03/2017 Time: 10:35 SSN: [REDACTED] DOB: [REDACTED]
 Last Name: WRIGHT First Name: GREGORY Middle Init.: L

Booking Officer Observations / Questions:

- | | | |
|--|---|--|
| 1) Are there obvious injuries or ailments that would create the need for hospital clearance before the inmate can be accepted? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 2) Are there minor injuries or conditions that require the jail nurses immediate attention? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 3) Does the inmate have any contagious diseases or infections? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 4) Is the inmate complaining of a medical condition? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5) Is the inmate suicidal? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 6) Is the inmate on any medication? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7) Does the inmate have any medication on his or her person? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8) Has the subject taken any drugs that are not prescribed to the subject? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 9) Does the inmate appear to be under the influence of alcohol or is there an odor of alcohol? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 10) Does the inmate appear to be under the influence of any other drug? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 11) Does the inmate's behavior suggest a risk of assault to staff or other persons within the facility? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 12) Does the arrestee suffer from alcoholism? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

A) How many days per week does he or she drink alcohol? 0

B) How many alcohol drinks does he or she drink in a typical day? 0

What Department/Agency did you take custody from? _____

Booking Officer's Name: _____

Officer performing Pre-Screen: 0

Assessed by medical staff: _____

Inmate Signature: _____

Date: 1/1/0001 Time: 12:00 AM

Officer: _____

Date: 1/1/0001 Time: 12:00 AM

Witnessed By: _____

Date: 1/1/0001 Time: 12:00 AM

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Trumbull 000048

RUN DATE: 5/11/2017
 RUN TIME: 7:10 AM

TRUMBULL COUNTY JUSTICE CENTER
 SHERIFF'S OFFICE (JAIL DIVISION)
 BOOKING INFORMATION



INMATE NAME: WRIGHT, GREGORY L.
 JAIL ID: 16104

POD: FLOOR 3A

BOOKING # 326997
 CELL: 3A104

DOB	SSN	DL No	DL STATE	FB/INCIC#	SID#	IMMIGRATION#
			OHIO			

STREET NO	STREET NAME	APARTMENT #	CITY	STATE	ZIP
1756	SHERIDAN		WARREN	OHIO	44483
COUNTY	COUNTRY	PHONE 1	PHONE 2	EMAIL	
	UNITED STATES	3308982912			

BIRTH CITY	BIRTH STATE	RESIDENT CITY	RESIDENT STATE
WARREN	OHIO	WARREN	OHIO
BIRTH COUNTRY	CITIZENSHIP	LANGUAGE	MARITAL STATUS
UNITED STATES	UNITED STATES	ENGLISH	MARRIED
RELIGIOUS PREFERENCE		MILITARY SERVICE	
Muslim		NONE	

GENDER	RACE	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR	BUILD	COMPLEXION
MALE	BLACK	602	140	BLACK	BROWN	MEDIUM	LIGHT BROWN

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Trumbull 000049

RUN DATE: 5/11/2017
 RUN TIME: 7:11 AM

TRUMBULL COUNTY JUSTICE CENTER
 SHERIFF'S OFFICE (JAIL DIVISION)
 VISUAL OBSERVATION



INMATE NAME: WRIGHT, GREGORY L.
 JAIL ID: 16104

POD: FLOOR 3A

BOOKING # 326997
 CELL: 3A104

	YES	NO	QUESTION	ANSWER
1.	<input type="checkbox"/>	<input type="checkbox"/>	PHYSICAL CONDITION AT INTAKE ?	FAIR
2.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	OBVIOUS PAIN, BLEEDING, OR OTHER SYMPTOMS SUGGESTING A NEED FOR EMERGENCY MEDICAL SERVICES ?	
3.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VISIBLE SIGNS OF INJURY OR ILLNESS REQUIRING IMMEDIATE TREATMENT OR CARE ?	
4.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	APPEARS UNDER THE INFLUENCE OF ALCOHOL, OR EXHIBITS SIGNS ?	
5.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	APPEARS UNDER THE INFLUENCE OF BARBITUATES, HEROIN, OR OTHER DRUGS ?	
6.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	IS THERE ANY JAUNDICE ? (YELLOWING OF SKIN OR EYES)	
7.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	IS INMATE CARRYING ANY MEDICATIONS ?	XARALTO
8.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TAKEN TO HOSPITAL PRIOR TO INTAKE ?	
9.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	DOES BEHAVIOR SUGGEST NEED FOR IMMEDIATE PSYCHIATRIC TREATMENT ?	
10.	<input type="checkbox"/>	<input type="checkbox"/>	COMMENTS	

I CERTIFY THAT I HAVE TRUTHFULLY ANSWERED THESE QUESTIONS ABOUT MY HEALTH.

INMATE SIGNATURE: _____ DATE _____ TIME _____

OFFICER SIGNATURE: _____ DATE _____ TIME _____

MEDICAL STAFF: _____ DATE _____ TIME _____

Trumbull 000049

Trumbull 000050

RUN DATE: 5/11/2017
 RUN TIME: 7:11 AM

**TRUMBULL COUNTY JUSTICE CENTER
 SHERIFF'S OFFICE (JAIL DIVISION)
 SOCIAL STRESS / SUICIDE RISK**



INMATE NAME: WRIGHT, GREGORY L.
 JAIL ID: 16104

POD: FLOOR 3A

BOOKING # 326997
 CELL: 3A104

	YES	NO	QUESTION	ANSWER
1.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	JOB LOSS ?	
2.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	MARITAL SEPARATION ?	
3.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	DEATH OF LOVED ONE ?	
4.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	LOSS OF BUSINESS ?	
5.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ARREST OF LOVED ONE ?	
6.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	DIVORCE ?	
7.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	MAJOR FINANCIAL LOSS ?	
8.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	FIRST TIME OFFENDER ?	
9.	<input type="checkbox"/>	<input type="checkbox"/>	OFFICER NOTES	
10.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	DO YOU HAVE ANY UNUSUAL HOME/FAMILY PROBLEMS WE SHOULD KNOW ABOUT ?	
11.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	HAVE YOU EVER BEEN IN A MENTAL INSTITUTION OR HAD PHYSCHIATRIC CARE ?	
12.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	HAVE YOU EVER ATTEMPTED SUICIDE ?	
13.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ARE YOU CONTEMPLATING SUICIDE ?	

I CERTIFY THAT I HAVE TRUTHFULLY ANSWERED THESE QUESTIONS ABOUT MY HEALTH.

INMATE SIGNATURE: _____ DATE _____ TIME _____

OFFICER SIGNATURE: _____ DATE _____ TIME _____

MEDICAL STAFF: _____ DATE _____ TIME _____

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RUN DATE: 5/11/2017
 RUN TIME: 7:12 AM

**TRUMBULL COUNTY JUSTICE CENTER
 SHERIFF'S OFFICE (JAIL DIVISION)
 OFFICER OBSERVATIONS**



INMATE NAME: WRIGHT, GREGORY L.
 JAIL ID: 16104

POD: FLOOR 3A

BOOKING # 326997
 CELL: 3A104

	YES	NO	QUESTION	ANSWER
1.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNDERSTANDS QUESTIONS ?	
2.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ASSAULTIVE/VIOLENT BEHAVIOR	
3.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ANGRY HOSTILE BEHAVIOR ?	
4.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	LOUD/OBNOXIOUS BEHAVIOR ?	
5.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	UNUSUAL/SUSPICIOUS ?	
6.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	LIFELESS REACTION ?	
7.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	EYES RED OR BLOODSHOT ?	
8.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SELF-INFLICTED INJURIES OR SCARS ?	
9.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	BIZARRE BEHAVIOR ?	
10.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SEEING VISIONS ?	
11.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	HEARING VOICES ?	
12.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	WALKS WITH STAGGER ?	
13.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NEEDLE MARKS ?	
14.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TALKS WITH SLUR ?	
15.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ODOR OF ALCOHOL ?	
16.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	UNCOOPERATIVE ?	
17.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NON-TALKATIVE ?	
18.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	UNPLEASANT ?	
19.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	BLANK STARE ?	
20.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PASSIVE ?	
21.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	DEPRESSED ?	
22.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CONFUSED ?	
23.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TIMID ?	
24.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SHY ?	
25.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	FEMININE ?	
26.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	HOMOSEXUAL ?	
27.	<input type="checkbox"/>	<input type="checkbox"/>	OFFICER NOTES	

I CERTIFY THAT I HAVE TRUTHFULLY ANSWERED THESE QUESTIONS ABOUT MY HEALTH.

INMATE SIGNATURE: _____ DATE _____ TIME _____

OFFICER SIGNATURE: _____ DATE _____ TIME _____

MEDICAL STAFF: _____ DATE _____ TIME _____

Trumbull 000052

RUN DATE: 5-11-2017
RUN TIME: 7:14 AMTRUMBULL COUNTY JUSTICE CENTER
SHERIFF'S OFFICE (JAIL DIVISION)
INMATE LOG

INMATE NAME: WRIGHT, GREGORY L. JAIL ID: 16104	POD: FLOOR 3A	BOOKING # 326997 CELL: 3A104
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LOG DATE	LOG TIME	LOG SUBJECT
06/11/2017	07:14:17 AM	
COMMENTS A. Zadroski/ 1608		

Run Date: 5/11/2017 7:14:37 AM

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